**FINANCIAL ASSISTANCE TAB**

**Checklist: PSH HMIS#:**

|  |  |  |
| --- | --- | --- |
| **HMIS #:** | **Date Completed** | **Staff Initials** |
| Direct Client Assistance - UPDATE MONTHLY (if applicable) |  |  |
| Rental Calculation  -completed at move in |  |  |
| W-9 |  |  |
| Purchase Orders |  |  |
| Check Requests |  |  |
| Completed tab uploaded into HMIS |  |  |

**Direct Client Assistance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Participant Name:** |  | | | **Case Manager:** |  |
|  | | | | | |
| **P.O. Request Date** | **Amount Leveraged** | **Funding Source**  (Ex: RRH, PSH, HP) | **Assistance Type**  (ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) | | |
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|  |  |  | **Total Amount Leveraged** $ \_\_\_\_\_\_\_\_\_ | | |
| **Check**  **Request**  **Date** | **Amount Spent** | **Funding Source**  (Ex: RRH, PSH, HP) | **Assistance Type**  (ex: App Fee, Deposit, Rental Assistance, Utility, Rental Arrears) | | |
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| **Total Amount Spent** $ \_\_\_\_\_\_\_\_\_ | | | | | |

**PURCHASE ORDER REQUEST**

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

|  |  |
| --- | --- |
| **Vendor** | **Program Information** |
| Name: | Purchaser: |
| Address: | Employee’s Name Date  Approved By: |
| City/State/Zip: | Supervisor’s Name Date  Program: |
| VID: Date: |  |

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| --- | --- | --- | --- | --- |
| **QUANTITY** | **DESCRIPTION** | **PRICE EACH** | **ELEMENT** | **TR #** |
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**Additional Explanation for Purchases if needed:**

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Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive or Deputy Director Date

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Officer Date

**COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY**

**1400 U.S. Rt. 22 NW**

**WASHINGTON COURT HOUSE, OHIO 43160**

**CHECK REQUEST**

Date: Amount:

To:

Purpose:

Requested By:

Charge to Grant:

Element # / Transaction #:

Approved for Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Executive Director or Deputy Director Signature)